

<p align="center">Youth Services Crisis Leave Pool DONOR APPLICATION FORM</p>		
Employee Name:		Personnel No:
Home Phone:		Work Phone:
Unit:		
ANNUAL LEAVE HOURS TO BE DONATED:		
<p>I certify that my leave donation does not cause my balance to fall below 120 hours and I understand that I cannot reclaim my donated leave once it has been processed. I also certify that this request is made voluntarily; and I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee.</p>		
Employee Signature:		Date:
<p align="center">SUBMITTAL INFORMATION</p> <p align="center"><i>(Mail or fax completed form to:</i> <i>Youth Services</i> <i>Human Resources Director</i> <i>P.O. Box 66458, Baton Rouge, LA 70896</i> <i>FAX: (225) 287-7956</i></p>		
<p align="center">FOR LEAVE POOL MANAGER USE ONLY</p>		
<p align="center">I certify that the above listed employee has an annual leave balance sufficient to accommodate this donation request.</p>		
Number of Annual Leave Hours Donated:	Date Deducted:	Remaining Annual Leave Balance:
If disapproved, reason for disapproval:		
Leave Pool Manager Name:		Leave Pool Manager Title:
Leave Pool Manager Signature:		Date: